



GEORGIA COMPOSITE BOARD OF PROFESSIONAL COUNSELORS,  
SOCIAL WORKERS AND MARRIAGE AND FAMILY THERAPISTS  
237 Coliseum Drive Macon, Georgia 31217-3858  
(478) 207-2440 (Telephone) \* (866) 888-7130 (Fax)  
[www.sos.state.ga.us/plb/counselors](http://www.sos.state.ga.us/plb/counselors)

APPLICATION FOR PROFESSIONAL COUNSELOR LICENSE BY EXAMINATION  
PROFESSIONAL COUNSELOR DIRECTED EXPERIENCE VERIFICATION FORM  
FORM C

INSTRUCTIONS: **NO FAXED FORMS ACCEPTED**

- Please print or type.
- **APPLICANT** – Complete Part I and forward this form to the agency or organization in which you completed your directed experience practicing Professional Counseling.
- **AGENCY OR ORGANIZATION** - The Director must Complete Part II and return it to the Applicant for inclusion with the Application for licensure.

PART I – APPLICANT

NAME OF APPLICANT:

First Middle Last Maiden

SOCIAL SECURITY NUMBER:

PART II – AGENCY OR ORGANIZATION

INSTRUCTIONS:

- "Direction" means the on-going administrative oversight of an employer or superior of a practitioner's work.
- **Please See Rule 135-5-.02 for definitions.**

CERTIFICATION

I CERTIFY THAT THE ABOVE-NAMED INDIVIDUAL PRACTICED PROFESSIONAL COUNSELING AT:

Name of Agency or Organization

Address:

Street City State Zip Code

From : \_\_\_\_\_ To: \_\_\_\_\_ For \_\_\_\_\_ Total Number of Hours.

Date

Signature of Director or Authorized Person

Name of Agency or Organization

Printed Name

Title/Position

Street Address

Telephone: ( )

City State Zip Code  
Fax: ( )

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public  
My Commission Expires: \_\_\_\_\_.

NOTARY SEAL